

Health Care Provider Directory Action Items

At the Washington Health Benefit Exchange (HBE) Plan Management Workgroup meeting on July 17, 2012, HBE presented the Washington Health Care Provider Directory Proposal and Response to Issuer Concerns document. Issuer comments and questions on the provider directory at this meeting led to the following action items. The updates to the action items were discussed at the Workgroup's July 31 2012 meeting.

ID	Action Items	Update
1.	A question if issuers' experience with eHealth today would be similar to the experience that issuers will have with eHealth through HBE. The experience is generally expected to be similar.	7/31: No action required.
2.	If HBE decides to move forward with a provider directory, then the frequency of the provider directory updates will be discussed with issuers.	7/31: To be determined. 7/31 Meeting Notes: HBE leaning toward a uniform schedule such as weekly, biweekly or monthly.
3.	A request was made for eHealth to send issuers the changes made to a provider directory so that issuers can validate the changes made during the update process.	7/31: Development of a sample report is in progress. This report would be expected to be given to issuers on a periodic basis.
4.	A request was made for the comprehensive set of business rules that eHealth uses.	7/31: This list is in progress and will be shared soon. HBE does not anticipate sharing the entire set of business rules, as some of them are proprietary. HBE will share some business rules, including the Health Care Provider Data Template (provided). A separate technical meeting on the Template can be scheduled. 7/31 Meeting Notes: A sub-workgroup will be created to address provider directory IT questions.
5.	A request was made for a preliminary analysis of comparison between types of providers in Massachusetts as compared to Washington. Three examples where there might be differences are in the categories of: rental networks; the use of domestic instead of national providers; and the use of health system doctors instead of independent doctors. eHealth will research the potential impacts of these differences.	7/31: This was researched and no conflicts are expected.
6.	A question was made if there were scenarios where issuers had different perspectives on how providers should be displayed. eHealth had not encountered this scenario.	7/31: eHealth will work to resolve any challenges if they arrive.
7.	eHealth will research what is required of issuers (e.g. time/resources) from the submission of data until the end of the provider directory process, including the	7/31: For the first submission, this takes a maximum of sixty days (from start to finish) for an issuer to initially set up their data collection process. For those

	review of data.	<p>issuers who already have a relationship with eHealth, the time commitment may be less.</p> <p>After the first one or two submissions, issuers should be able to update their health care provider directory in a more efficient manner.</p> <p>Also, eHealth is developing a list of expected initial tasks that issuers would need to perform in order to prepare themselves for submitting data to the health care provider directory.</p> <p>7/31 Meeting Notes: There was discussion about whether issuers would need to approve the health care provider directory data each time new data would be submitted. This will be considered further.</p> <p>There was also a request for a timeline for the submission of health care provider directory data. The bulk of the planning for the health care provider directory was roughly projected to be sometime between January and October 2013. HBE will work on a more detailed timeline.</p>
8.	eHealth will research how long it takes to publish a provider directory from receipt of file.	7/31: For updates to the health care provider directory, eHealth takes one week to complete its standardization and normalization process of the data.
9.	OneHealthPort has some overlap in its efforts with HBE's planning for the Provider Directory, including in the area of credentialing and NPI. This will be explored further.	7/31: Time is short and opportunities are limited.